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To: Massachusetts Health Care Quality and Cost Council

From: Suanne Singer, President

Date: November 1, 2007

Subject: Statistical Plan for Uniform Reporting System for Health Care Claims Data Sets

Attached is the draft statistical plan for the running of a uniform reporting system for health care claims data sets for the Commonwealth of Massachusetts. The plan is broken into the following eight sections:

- Section 1 National Claims Data Management System (NCDMS) Overview**
This is a narrative description of the overall claims management system including the software applications and the general staffing involvement.
- Section 2 Routine Data Collection Schedule**
This contains the schedule for the submission of data by carriers with 2,000 or more Massachusetts covered lives (large carriers) and by carriers with 200-1,999 Massachusetts covered lives (smaller carriers). The schedule includes the routine submission of claims and eligibility data.
- Section 3 Data Submission – Data Elements, Completeness Requirements**
This section provides the file lay out specifications for the submission of each data type. It also includes the proposed completeness thresholds for each data element. The completeness thresholds are based upon the data successfully submitted by carriers for Maine and New Hampshire. A sample report is also included.
- Section 4 Data Quality Specifications**
This section provides the detailed specifications for the data quality edits including the exact criteria used to define the numerator and denominator. The threshold levels are based upon the data successfully submitted by carriers for Maine and New Hampshire. A sample data quality report is included.
- Section 5 Confidentiality, Security and Data Encryption**
This section addresses the physical security of the system, the internal processes followed by the MHIC to safeguard the data. The one way data encryption software is also described in Section 5.

Section 6 Testing

This section describes the requirements for data testing and the process the carriers can anticipate following during the testing period. Also included is a narrative description of the various data check points within NCDMS.

Section 7 Unique Member Identification

This section identifies the data elements that will be used to create a unique member identification number. It describes the process for mining the data and the relationship between the payer submitted data and the unique member identification number.

Section 8 Provider Data

This section describes how the provider data will be extracted from the individual claims and used to create a provider table. This approach will facilitate provider reporting in the future.